

CLAIMS ONLY							Application Number <u>10/664,706</u>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED <u>10-20-04</u>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51				
2	/					52				
3	/					53				
4	/					54				
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42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	6					Total Indep				
Total Depend	13					Total Depend				
Total Claims	19					Total Claims				